

UNITED STATES DISTRICT COURT

MIDDLE DISTRICT OF ALABAMA

OFFICE OF THE CLERK

POST OFFICE BOX 711

MONTGOMERY, ALABAMA 36101-0711

DEBRA P. HACKETT, CLERK

TELEPHONE (334) 954-3600

NOTICE OF CORRECTION

From: Clerk's Office

Case Style: Ohsann v. L.V. Stabler Hospital et al

Case Number: 2:07-cv-00875-WKW

Referenced Pleading - Exhibit A - **Doc. 52**

This Notice of Correction was filed in the referenced case this date to correct the PDF documents attached to this notice. Please see the correct PDF documents to this notice.

EXHIBIT A

TO

FIFTH NOTICE OF

FILING OF CONSENTS

CONSENT TO BECOME A PARTY PLAINTIFF

I, Shirley CANDIES, a current or former employee of L. V. Stabler Hospital, hereby consent to become a party plaintiff in a lawsuit against L. V. Stabler Hospital, to collect back pay, liquidated damages, minimum wage and/or overtime compensation under the Fair Labor Standards Act, §§ 201 *et seq.*, and/or any other applicable federal or state statute(s) already filed or to be filed against L. V. Stabler Hospital.

By signing this Consent, I agree to the terms and conditions of the Attorney Fee Agreement on the reverse of this page.

Dated: 7/27/2008.

Shirley Candies
Signature

Shirley CANDIES

Print Name

108 Gander Drive

Address (Required)

CAMDEN ALABAMA 36726

City, State and Zip Code

(334) 682-4685 -682413)
(.334)
Day Phone no. – Include area code (Required)

(334)-682-4685 or 682413/
(.334)
Evening phone no. – Include area code (Required)

Mobile Phone – include area code

thelさま@ yahoo .cm
E-mail Address

CONSENT TO BECOME A PARTY PLAINTIFF

I, Jo Dunkin, a current or former employee of L. V. Stabler Hospital, hereby consent to become a party plaintiff in a lawsuit against L. V. Stabler Hospital, to collect back pay, liquidated damages, minimum wage and/or overtime compensation under the Fair Labor Standards Act, §§ 201 *et seq.*, and/or any other applicable federal or state statute(s) already filed or to be filed against L. V. Stabler Hospital.

By signing this Consent, I agree to the terms and conditions of the Attorney Fee Agreement on the reverse of this page.

Dated: 7/24/08.

Jo Dunkin
Signature

Jo Dunkin
Print Name

121 South Shipp St
Address (Required)

Evergreen AL 36401
City, State and Zip Code

(251) 578-3207
Day Phone no. – Include area code (Required)

SAME AS DAY
Evening phone no. – Include area code (Required)

(334) 412-9538
Mobile Phone – include area code

E-mail Address

CONSENT TO BECOME A PARTY PLAINTIFF

Caressa

I, Caressa Hawthorne, a current or former employee of L. V. Stabler

Hospital, hereby consent to become a party plaintiff in a lawsuit against L. V. Stabler Hospital, to collect back pay, liquidated damages, minimum wage and/or overtime compensation under the Fair Labor Standards Act, §§ 201 *et seq.*, and/or any other applicable federal or state statute(s) already filed or to be filed against L. V. Stabler Hospital.

By signing this Consent, I agree to the terms and conditions of the Attorney Fee Agreement on the reverse of this page.

Dated: 7-17-88

Caressa Hawthorne
Signature

Caressa Mae Hawthorne

Print Name

979 Blue Round Rd

Address (Required)

Georgiana ab36033

City, State and Zip Code

334376 5511

Day Phone no. – Include area code (Required)

Evening phone no. – Include area code (Required)

Mobile Phone – include area code

E-mail Address

CONSENT TO BECOME A PARTY PLAINTIFF

I, Helen M. Reeves, a current or former employee of L. V. Stabler Hospital, hereby consent to become a party plaintiff in a lawsuit against L. V. Stabler Hospital, to collect back pay, liquidated damages, minimum wage and/or overtime compensation under the Fair Labor Standards Act, §§ 201 *et seq.*, and/or any other applicable federal or state statute(s) already filed or to be filed against L. V. Stabler Hospital.

By signing this Consent, I agree to the terms and conditions of the Attorney Fee Agreement on the reverse of this page.

Dated: 7/27/08

Helen M. Reeves
Signature

Helen M. Reeves
Print Name

33109/105954
Address (Required)

Greenville, NC 27857
City, State and Zip Code

934-3827782
Day Phone no. – Include area code (Required)

Evening phone no. – Include area code (Required)

Mobile Phone – include area code

E-mail Address

CONSENT TO BECOME A PARTY PLAINTIFF

I, Raina Louise Royster, a current or former employee of L. V. Stabler Hospital, hereby consent to become a party plaintiff in a lawsuit against L. V. Stabler Hospital, to collect back pay, liquidated damages, minimum wage and/or overtime compensation under the Fair Labor Standards Act, §§ 201 *et seq.*, and/or any other applicable federal or state statute(s) already filed or to be filed against L. V. Stabler Hospital.

By signing this Consent, I agree to the terms and conditions of the Attorney Fee Agreement on the reverse of this page.

Dated: 7/28/08

Raina L. Royster
Signature

Raina Louise Royster

Print Name

9869 Cty Rd #7

Address (Required)

Repton, AL 36475

City, State and Zip Code

(251) 248-2611

Day Phone no. – Include area code (Required)

(251) 248-2611

Evening phone no. – Include area code (Required)

(251) 714-5516

Mobile Phone – include area code

for raina_royster@yahoo.com

E-mail Address

CONSENT TO BECOME A PARTY PLAINTIFF

I, Sandi Spears, a current or former employee of L. V. Stabler Hospital, hereby consent to become a party plaintiff in a lawsuit against L. V. Stabler Hospital, to collect back pay, liquidated damages, minimum wage and/or overtime compensation under the Fair Labor Standards Act, §§ 201 *et seq.*, and/or any other applicable federal or state statute(s) already filed or to be filed against L. V. Stabler Hospital.

By signing this Consent, I agree to the terms and conditions of the Attorney Fee Agreement on the reverse of this page.

Dated: 07-26-08

**I am now Sandi Hersker
I have gotten divorce & went
back to maiden.
Sandi Spears*

Signature

Sandi Spears

Print Name

18822 Dunns Bridge Rd.

Address (Required)

Andalusia, AL 36421

City, State and Zip Code

334-343-4483

Day Phone no. – Include area code (Required)

334-343-4483

Evening phone no. – Include area code (Required)

334-343-4483

Mobile Phone – include area code

E-mail Address